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Florida Department of State
Division of Corporations
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LIMITED LIABILITY COMPANY

Healthfulu, L.L.C.

Certificate of Status	0
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Secretary of State

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TALLAHASSEE, FLORIDA

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February 9, 2001

BRADY & COKER

SUBJECT: HEALTHFUL
REF: W01000003228

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt
Document Specialist

FAX Aud. #: H01000016019
Letter Number: 201A00008233

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FOR FLORIDA LIMITED LIABILITY COMPANY

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Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Healthfulu, L.L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM: Richard G. Coker, Jr.,
Name (Printed or typed)
501 Northeast 8th Street
Address
Fort Lauderdale, FL 33304
City, State & Zip
(954) 761-1404
Daytime Telephone number

Richard G. Coker, Jr., Esquire
Florida Bar No. 338842
Brady & Coker
501 Northeast 8th Street
Fort Lauderdale, FL 33304
(954) 761-1404

(Rev. 17, 10/97)

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Healthfulu, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5371 Hiatus Road
Sunrise, FL 33351

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

- ☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Arthur Wetsman
Gary Dubin
5371 Hiatus Road
Sunrise, FL 33351



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Healthfulu, L.L.C.

2. The name and address of the registered agent and office is:

Richard G. Coker, Jr.

(Name)

501 Northeast 8th Street

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Fort Lauderdale, FL 33304

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

2/9/01

(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

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